American Lung Association Asthma (ALA) Local Affiliate Logic Model of Comprehensive Asthma Management Plan (CAMP)*

INPUTS

Funds:

- CDC/DASH
- ■ALA National Office
- ■Local and private funders

Staff and Volunteers:

- ■ALA National Office
- ■ALA local affiliates
- ■National project manager
- ■National Asthma Coalition
- Local affiliate coordinators
- Local coalition members
- ■School staff

Partners:

- ■Federal agencies
- ■American Lung Association (National Office)
- ■Health dept (local and state)
- ■Ed department (local and state)
- Universities
- ■Physicians
- ■Policymakers
- ■Kaiser Permanente
- ■Pilot site asthma coalition members (composed of the local affiliate representative, the associated pilot school sites, and other stakeholders)
- ■Parents

Legislation and Policy:

ALA national policy IDEA

504

ADA-FERPA HIPAA

Children's Health Act of 2000

Pro-Children Act

State/local health laws and regulations

Tools and Resources:

Asthma-Friendly Schools Initiative (AFSI) Toolkit and Website

Asthma Incidence Reporter

National CAMP management plan National CAMP evaluation plan

Asthma management plan for each local affiliate

Pilot site needs assessment report (2004)

Indicators and guidelines to assist with the management of CAMP evaluation

ACTIVITIES

Pilot sites implement Comprehensive Asthma Management Plan (CAMP) activities:

- (1) Develop a written implementation plan for CAMP based upon the pilot site's needs assessment and Nat'l CAMP Mngt. Plan.
- (2) Implement CAMP

Evaluate CAMP

- (1) Develop a written evaluation plan for the pilot site that incorporates objectives from the national ALA evaluation
- (2) Implement CAMP evaluation plan.
- (3) Participate in the evaluation by:
- ✓ collect evaluation data from the local pilot sites using
- ➤Tracking logs
- ➤ Pre-,post- instruments
- ➤Focus groups
- ➤ Conference calls
- ➤Site visits
- ✓ submit evaluation data to national ALA office.
- (4) Collaborate with National ALA office to disseminate evaluation findings to the pilot sites and local communities to promote asthma-related prevention, education, and advocacy efforts.

Data source to document accomplishment

OUTPUTS

Pilot sites implement CAMP in pilot schools:

- Sixteen CAMP trainings at pilot schools for 100 students, 200 parents, and 25 pilot school staff
- Two hundred fifty packets of materials distributed to pilot schools, parents, students and coalition members.
- Fifty% of students diagnosed with asthma have asthma management plans in the pilot schools.

Evaluation of CAMP activities by pilot sites:

 Quarterly data sets produced for each pilot

Potential Data Sources Tracking Logs Focus Groups Pre/Post Instruments Site Visits

Conference Calls

SHORT-TERM EFFECTS **OUTCOMES**

Increase participant knowledge and skills:

- By FY2, improve parent and pilot school staff knowledge about asthma at pilot schools. ■By FY2, increase asthma
- knowledge among students diagnosed with asthma through:
- ✓ Greater skills and familiarity with their action plans
- √Greater sense of self-efficacy to manage their asthma
- √ More communication among medical home, family and school nurses
- By FY2, trained students, parents, and pilot school staff will demonstrate increased understanding of how local school policies, health services, and area organizations collectively affect asthma

Increase pilot school services and reporting.

By FY2, increased by 30% use of guidance from the AFSI Toolkit for strategic planning at pilot schools.

By FY2, increase by 20% the number of pilot schools reporting the number of students diagnosed with asthma.

By FY2, increase by 50% the number of pilot schools that have current asthma management plans on file.

Potential Data Sources

Tracking Logs Focus Groups Pre/Post Instruments Site Visits Conference Calls

INTERMEDIATE **EFFECTS &** OUTCOMES

Increase participant knowledge, skills, and services:

- By FY3, 90% of the students diagnosed with asthma correctly use asthma management tools.
- By FY3, 90% of the students diagnosed with asthma have asthma management plans.

Increase pilot school services and reporting:

- ■By FY3, increase the number of pilot schools with effective and proven asthma management programs and services.
- By FY3, increase in the number of pilot schools with improved asthma management by school staff including (1) case management, (2) access to medication, and (3) adherence to action plans.
- By FY3, increase application by pilot sites of evaluation findings to increase the capacity of pilot schools to implement effective and proven asthma management programs and activities.

LONG-TERM **EFFECTS &** OUTCOMES

Improve participant health outcomes:

■ By FY5, decrease the number of students diagnosed with asthma who are sent to the ER from pilot schools.

Increase CAMP activities in schools:

- By FY5, increase in the number of longterm and sustainable asthma programs in pilot schools.
- By FY4, provide information about CAMP to non-pilot schools.

Disseminate CAMP evaluation findings:

■ By FY4, disseminate evaluation findings to non-pilot sites.

Goal of **CAMP**

Children with asthma are in school and able to learn.

^{*} This logic model is based on the American Lung Association (Local Affiliate) Logic Model